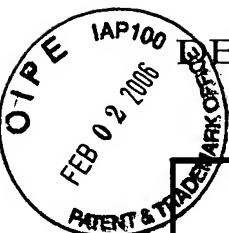


RCE  
JW



DESIGN IP

IN THE UNITED STATES PATENT & TRADEMARK OFFICE

<b>TRANSMITTAL FORM</b>	<b>Application Number</b>		10/661,760
	<b>Filing Date</b>		September 12, 2003
	<b>First Named Inventor</b>		Roger J. JELICOE
	<b>TITLE</b>	COMMUNICATION DEVICE HAVING MULTIPLE KEYPADS	
	<b>Art Unit</b>		2682
	<b>Examiner Name</b>		Lewis G. WEST
	<b>Attorney Docket Number</b>		MOT-CS22372RL

**This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.**

ENCLOSURES	
Description	# of pages
Fee Transmittal (in duplicate)	2
Credit Card Payment Form	1
Reply Under 37 C.F.R. §1.111 (including Marked-Up Version of Claims)	16
Supplemental Declaration of Roger Jellicoe Under 37 C.F.R. §1.131 (including Exhibit B)	8
Supplemental Declaration of Damon Neagle Under 37 C.F.R. §1.131	3

<b>Total number of pages in this submission (including this page):</b>	<b>31</b>
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Signature of Applicant, Attorney or Agent	
Name:	Damon A. Neagle, Reg. No. 44,964 phone: 610-395-4900 fax: 610-680-3312
Signature	
Date:	January 30, 2006

Certificate of Transmission/Mailing		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.		
Typed or printed name:	Jennifer Miller	
Signature:		Date: January 30, 2006

02/03/2006 SFELEK1 00000049 10661760 790.00 0P  
01 FC:1801



PTO/SB/17 (12-04)

Approved for use through 07/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL

## For FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ ) 790

**Complete if Known**

Application Number	10/661,760
Filing Date	September 12, 2003
First Named Inventor	Roger J. JELLICOE
Examiner Name	Lewis G. WEST
Art Unit	2682
Attorney Docket No.	MOT-CS22372RL

**METHOD OF PAYMENT (check all that apply)**☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_☐ Deposit Account Deposit Account Number: \_\_\_\_\_ Deposit Account Name: \_\_\_\_\_

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below☐ Charge fee(s) indicated below, **except for the filing fee**☐ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17☐ Credit any overpayments**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
_____ - 20 or HP = _____	x _____	= _____	

HP = highest number of total claims paid for, if greater than 20

<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
_____ - 3 or HP = _____	x _____	= _____	

HP = highest number of independent claims paid for, if greater than 3

<b>Multiple Dependent Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
_____	_____	_____

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
_____ - 100 = _____	/ 50 = _____	(round up to a whole number) x _____	= _____	

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other: Request for Continued Examination Fee

Fees Paid (\$)

<b>SUBMITTED BY</b>		
Signature	Registration No. 44,964 (Attorney/Agent)	Telephone (610) 395-4900
Name (Print/Type) Damon A. Neagle	Date January 30, 2006	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.